## UNITED STATES PATENT & TRADEMARK, OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: 7-21-05 2 Serial/Patent #10/517529					
3 Please refund the following fee(s):		4 PAP NUM	ER BER	5 DATE FILED	6 AMOUNT
Filing		/	_	12/13/04	\$100
Amendment					\$
Extension of Time					\$
Notice of Appeal/Appeal					\$
Petition					\$
Issue					\$
Cert of Correction/Terminal Disc.			_		\$
Maintenance					\$
Assignment					\$
Other					\$
		7 TOTAL AMOUNT OF REFUND \$ /0 O			
		8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check			
Overpayment				redit Dep	osit A/C #:
Duplicate Payment			9 0	<u> </u>	205
No Fee Due (Explanation):					
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: White TITLE: Parallegal					
SIGNATURE: A JOHNSOW PHONE: 308-9740					
OFFICE:					
APPROVED: DATE:					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

PORM PTO 1577 (01/90) Office of Finance Refund Branch Crystal Park One, Room 802B